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\* **NON-REPAIRABLE VEHICLE** \*  
\* **NOTICE OF RETENTION BY OWNER** \*  
\*\*\*\*\*

VEHICLE IDENTIFICATION NUMBER		MOTORCYCLE ENGINE NUMBER		MAKE	CALIFORNIA LICENSE PLATE
<b>Vehicle Owner(s) as of the Date of Loss</b>	LAST NAME		FIRST	MIDDLE	
	<input type="checkbox"/> AND	LAST NAME		FIRST	MIDDLE
	<input type="checkbox"/> OR				
	ADDRESS				
	CITY		STATE	ZIP CODE	
<b>Insurance Company Reporting Retention of this Non-Repairable Vehicle</b>	I, the undersigned, certify that the above described non-repairable vehicle has been retained by the owner(s) and, as required by <i>California Vehicle Code</i> §11515.2, he/she has been notified that, <b>within 10 days</b> of the settlement of loss date, he/she must surrender the vehicle's Certificate of Title and license plates, and apply for a Non-Repairable Vehicle Certificate. The vehicle owner(s) has also been notified that the Department of Motor Vehicles' database record for the vehicle will reflect a "Non-Repairable Vehicle" notation (brand).				
	DATE	AUTHORIZED SIGNATURE FOR INSURANCE COMPANY		PRINTED NAME	
		<b>X</b>			
	INSURANCE COMPANY NAME				
	INSURANCE COMPANY ADDRESS				
	DATE OF LOSS	CLAIM NUMBER		DAYTIME TELEPHONE NUMBER	
				( )	

**MAIL COMPLETED FORM TO:** Department of Motor Vehicles, P.O. Box 932345, Sacramento, CA 94232-3450

REG 480 (REV. 11/2003)



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	ADDRESS				
	CITY		STATE	ZIP CODE	
<b>Insurance Company Reporting Retention of this Non-Repairable Vehicle</b>	I, the undersigned, certify that the above described non-repairable vehicle has been retained by the owner(s) and, as required by <i>California Vehicle Code</i> §11515.2, he/she has been notified that, <b>within 10 days</b> of the settlement of loss date, he/she must surrender the vehicle's Certificate of Title and license plates, and apply for a Non-Repairable Vehicle Certificate. The vehicle owner(s) has also been notified that the Department of Motor Vehicles' database record for the vehicle will reflect a "Non-Repairable Vehicle" notation (brand).				
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